STATE OF KANSAS
DEPARTMENT FOR CHILDREN AND FAMILIES
ECONOMIC & EMPLOYMENT SERVICES

SELF-ASSESSMENT FORM

02-19

PERSONAL DATA:

Name: _____
Last First Middle Age

Address: _____

Home Phone: _____ **Message Phone**:_____

How many people are living in household:_____ **How many children:**_____

Check which of the following describes your household:

Two Parent __ Single Parent_____ 16-19 yr. old parent without a GED or High School Diploma _____

Are you responsible for caring for a disabled person on a daily basis? Yes_____ No_____

What help do you think you could get from family and friends if you take classes, look for work or if you get a job?_____

_____

Do you work with other community organizations such as HUD, Head Start, CASA, Department of Corrections etc.?
Yes_____ No _____ **If YES please tell list the organization:**

_____

_____

YOUR WORK HISTORY:

How many jobs have you had in the past 18 months? _____

Have you done volunteer work or community services? ___Yes ____No

Tell us about your last job, why you left and what would have helped you keep the job._____

_____

_____

Tell us about your volunteer work or community service._____

_____

Tell us what kind of job you would like to have and why._____

_____

You may need to relocate or commute to become employed. Tell us how you feel about that._____

_____

Have you served in the Military? ___ Are you eligible for Military benefits? ___ if yes, have you applied?_____

YOUR EDUCATION:

What was the highest grade you completed in school?____ Year?_____ Did you have an IEP?_____

Tell us about any special classes you were in._____

Tell us about your degrees or certifications._____

_____

Is this form easy for you to read?_____ If No, tell us why._____

_____

STATE OF KANSAS
DEPARTMENT FOR CHILDREN AND FAMILIES
ECONOMIC & EMPLOYMENT SERVICES

SELF-ASSESSMENT FORM

02-19

YOUR HEALTH:

Do you have medical problems that could affect your working? _____If Yes, are you under a Doctor's care? _____
Do you or anyone in your home consume alcoholic beverages or non-prescribed Drugs? _____
Has a doctor ever told you to cut down or quit the use of alcohol or drugs? _____
Could you pass an employer's drug screen today? _____

Are you or your children currently being threatened, hurt or harmed in any way by someone in your life (harm can include things like stalking or threatening to hurt you, your children, your pets, or other family or friends, pushing, grabbing, shoving, slapping, hitting, choking or holding you down; constantly putting you down or telling you that you are worthless; any kind of unwanted sexual contact)? _____Yes _____ No

Could working, looking for work, or going to school put you or your children in danger of physical, emotional or sexual abuse? _____Yes _____ No

YOUR FINANCES:

What other income do you have that could help you? _____
Are you in danger of: Eviction? ___ Utility shut off? ___
What bills or debt do you owe? _____
Other_____

YOUR STRENGTHS:

Tell us about your strengths and special talents:_____
_____
_____

What help do you need to get started towards the goal of supporting yourself and your family?

_____Child Care	_____Transportation assistance	____Education/training
_____Obtaining Child Support	_____Drug /Alcohol counseling	____Work Experience
_____Help with Domestic Abuse	_____Need a telephone	____Need recertification
_____ Work clothing/tools	_____ Need a driver's license	____Other

The above information is correct to the best of my knowledge. Failure to complete this form could result in your application for cash benefits being denied.

SIGNED:_____ **DATE:**_____
Client's signature
Social Security #: XXX-XX-_____